

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
FOR		NUM	BER FILED		NUMBER EXTRA]	RATE	FEE
ВА	SIC FEE				in your the	RATE	345.00	OR		690.00
TC	TAL CLAIMS	3	33 minus 20= * 13			X\$ 9=		OR	X\$18=	234
INDEPENDENT CLAIMS 5 minus 3 = 1 2					X39=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=	:	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1080
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAL	L ENTITY	OR	OTHER SMALL	
AMENDMENT A	, , , , , , , , , , , , , , , , , , ,	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 33	Minus	33	=	X\$ 9=		OR	X\$18=	
AME	Independent	NITATION OF	Minus	PENDENT CLAIM	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF	MOLTIPLE DEI	PENDENT CLAIM		+130=		OR	+260=	
						TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column 1)	(Column 2)	(Column ² 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	8 8 8 8	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 35	Minus	* 33	=2	X\$ 9=	:	OR	X\$18=	36-00
	Independent	NTATION OF	Minus	PENDENT CLAIM	= \	X39=		OR	X78=	
	I INOT FRESE	INTALION OF	WOLTIFLE DE	- LNDENT CLAIM		+130=		OR	+260=	
						TOT/ ADDIT. FE		OR	TOTAL ADDIT. FEE	pel.
		(Column 1)	(Column 2)	(Column 3)	. -				<i>v</i> ——
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.02	Minus	35	= /	X\$ 9=		OR	X\$18=	1 /
	Independent	٠ ٧/	Minus	··· &	= /	X39=		1	X78=	/
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR		
	If the entry in colu	mn 1 is less tha	n the entry in colu	ımn 2. write "∩" in co	lumn 3	+130=		OR	+260=	!/_ _
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE										
				r Independent) is the		r found in the	appropriate ho	x in co	lumn 1.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

•		1
APPLICATION NUMBER:	D9	549848

Total Fee Calculation								
	Fee Code	Total . # Claims	Number Extra X	F≈	Fcc =	_		
	SmAg.			Sm. Entity	Lg. Entity	Total		
Desic Filling Fee	201/101				690 ·	690		
Total Claims >20	203/103	33 -20 -	13 x		120			
ipdependent Claims >3	202/102	5 .3 =				234		
Multi-Dep Claim Present	<u> </u>					156		
Surtherge	205/105				<u> </u>	122		
English Translation	139				^E .	130		
TOTAL FEE CALCULA	TION					1210		
Fees due upon filing t	e application:				••	1570		
Total Filing Fees Due	= · s	1,210.0	0					
Less Filing Fees Submi	2 - best	<u> </u>		;				
BALANCE DUE	= 5	1,210.	<u>N</u>					
-	()							

FORM OPE-RAM-01 (Rev. 12/97)